


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 21 1998 8:00am  
Secretary of State

✓ NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743018 (4)**  
1. Corporation Name  
**JOHN KNOX VILLAGE OF CENTRAL FLORIDA, INC.**

Principal Place of Business <b>101 NORTHLAKE DR. ORANGE CITY FL 32763</b>	Mailing Address <b>101 NORTHLAKE DR. ORANGE CITY FL 32763</b>
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<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>05/25/1978</b>		
<b>4.</b> FEI Number <b>59-1831906</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



**9. Name and Address of Current Registered Agent**

**WRIGHT, GARY S**  
**301 N VOLUSIA AVE.**  
**ORANGE CITY FL 32763**

**10. Name and Address of New Registered Agent**

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Gary S. Wright* *attorney for John Knox Village* **3/25/98**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GREER, CHARLES	
STREET ADDRESS	860 E PENNSYLVANIA AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRUNNING, BARBARA	
STREET ADDRESS	725 N FLORIDA AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	SNEAD, WILLIAM	
STREET ADDRESS	3-A WESTLAKE DR.	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAFT, HARRY	
STREET ADDRESS	307 E RICH AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CORNETT, TAVER	
STREET ADDRESS	500 E NEW YORK AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURGESS, BURL	
STREET ADDRESS	2450 S VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **4-6-98** **904-738-8818**

CR2E037 (10/97)

**\* ATTACHED SHEET FOR DOCUMENT #743018/1998**

**John Knox Village of Central Florida, Inc.**

<b><u>TITLE</u></b>	<b><u>NAME OF OFFICERS AND/OR DIRECTORS</u></b>	<b><u>ADDRESS</u></b>
D	JOHNSON, NORD L.	505 E. New York Ave. Suite 2 DeLand, FL 32720 Orange City, FL 32763
D	TODD BAUERLE	1260 Park Haven Place DeLand, FL 32724